# PHA Plans

5 Year Plan for Fiscal Years 2001- 2005 Annual Plan for Fiscal Year 2001

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

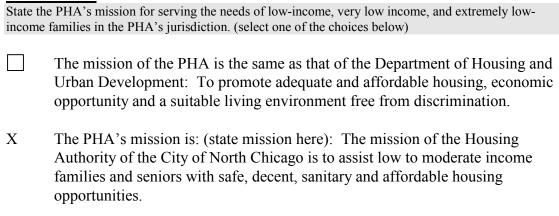
# PHA Plan Agency Identification

PHA Name: NORTH CHICAGO					
PHA Number: IL107					
PHA Fiscal Year Beginning: (10/2001)					
Public Access to Information					
Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)  X Main administrative office of the PHA  PHA development management offices  PHA local offices					
Display Locations For PHA Plans and Supporting Documents					
The PHA Plans (including attachments) are available for public inspection at: (select al that apply)  X					
PHA Plan Supporting Documents are available for inspection at: (select all that apply)  X Main business office of the PHA  PHA development management offices  Other (list below)					

## 5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

#### A. Mission



### **B.** Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

X **PHA Goal**: Manage the North Chicago Housing Authority in a manner that results in full compliance with applicable statutes and regulations as defined by program audit findings

## **Objectives:**

- X HUD shall recognize the North Chicago Housing Authority as a high performer as of 2002.
- X By December 31, 2001, The North Chicago Housing Authority shall have a waiting list of sufficient size so we can filled our public housing units within 20 days of them becoming vacant.
- X The North Chicago Housing Authority shall achieve and sustain an occupancy rate of 97% by 2004.
- X The North Chicago Housing Authority shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.

X PHA Goal: Assist our community to increase the availability of affordable, suitable housing for families in the very-low income rate, cited as a need in our Consolidated Plan.

#### Objectives:

- X The NCHA shall assist 5 families move from renting to homeownership by December 31, 2004.
- X The NCHA shall build or acquire 5 units for conversion to homeownership by December 31, 2004.
- X Locate at least two partners, non-profit or for profit, locally or nationally based. These partners will work with us on the acquisition, improvement and/or development of additional opportunities for this target group.
- X PHA Goal: Enhance the marketability of the NCHA's public housing units.
  - X The NCHA shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment Systems.
- X PHA Strategic Goal: To improve resident and community perception of safety and security in the NCHA's public housing developments.

## **Objectives:**

X The NCHA shall refine the memorandum of understanding between the jurisdiction's police force an this agency. The purpose of this is to better define the "edge problem" of crime that occurs near our developments and develop strategies for identifying and reducing this problem.

PHA Strategic Goal: Manage the North Chicago Housing Authority's tenant based program in an efficient and effective manner thereby qualifying as at least a standard performer under SEMAP.

PHA Ob	iectives:
1 1111 00	ICCLI V CS.

- X The NCHA shall establish a program to help people use its tenant based program to become homeowners by December 31, 2004.
- X The NCHA shall achieve and sustain a utilization rate of 90% by December 31, 2004, in its tenant based program
- X The NCHA shall attract 15 new landlords who wants to participate in its program by December 31, 2004.

X The NCHA shall implement an aggressive outreach program to attract at least 15 new landlords to participate in its program by December 31, 2004.

# PHA Strategic Goal: Deliver timely and high quality maintenance service to the residents of the North Chicago Housing Authority.

- X PHA Objectives:
- X The NCHA shall implement a preventative maintenance plan by December 31, 2004.
- X The NCHA shall achieve and maintain an average response time of 24 hours in responding to emergency work orders by December 31, 2004.
- X The NCHA shall achieve and maintain an average response time of 5 days in responding to routine work orders by December 31, 2002.

PHA Strategic Goal: Operate the North Chicago Housing Authority in full compliance with all Equal Opportunity laws and regulations. The North Chicago Authority shall ensure equal treatment of all applicants, residents, tenant based participants, employees and vendors.

X The NCHA shall mix its public housing development populations as much as possible ethnically, racially and income wise as much as possible.

# PHA Strategic Goal: Ensure full compliance with all applicable standards and regulations including government generally accepted accounting practices.

- X Objectives:
- X The NCHA shall operate so that income exceeds expenses every year.
- X The NCHA shall implement an effective anti-fraud program by December 31, 2000
- X The NCHA shall maintain its operating reserves of at least 30% of its annual budget by 2004.
- X The NCHA will reduce its dependence on HUD by raising \$100,000.00 from non-HUD sources by December 31, 2004.

#### PHA Strategic Goal: Enhance the image of public housing in our community.

#### Objective:

X The NCHA's leaderships shall speak to at least 3 civic, religious or fraternal groups a year between now and December 31, 2004, to explain how important they are to the community.

X The NCHA shall ensure that there are at least 3 positive stories a year in the local media about the Housing Authority of one of its residents.

# PHA Strategic Goal: Enhance the marketability of the NCHA's public housing units.

### Objective:

- X The NCHA shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System.
- X The NCHA shall achieve proper curb appeal for its public housing developments by improving its landscape, keeping its grass cut, making the properties litter-free and other actions by December 31, 2001.
- X The NCHA shall become a more customer-oriented organization.

# PHA Strategic Goal: Improve economic opportunity (self-sufficiency) for the families and individuals that participate in our program.

- X The NCHA will continue to pursue two (2) new partnerships in order to enhance services to our residents by December 31, 2004.
- X Apply to at least two appropriate foundations for grant funds. These funds will allow us to expand our services for our participants

## Annual PHA Plan PHA Fiscal Year 2000

[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.
Standard Plan
Streamlined Plan:
X High Performing PHA
Small Agency (<250 Public Housing Units)
Administering Section 8 Only
Troubled Agency Plan
ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives
and discretionary policies the PHA has included in the Annual Plan

The Housing Authority of the city of North Chicago has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement with the above mention goals and objectives to guide the activities of the North Chicago Housing Authority during the five years.

"The mission of the Housing Authority of the City of North Chicago is to assist low to moderate income families and seniors with safe, decent, sanitary and affordable housing opportunities."

Within the next five years, we will locate property to construct a new office facility. Our facility does not have enough space in order for the NCHA to conduct training programs for our public housing residents or Section 8 client to assist them in the effort to achieve economic self-sufficiency.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working toward the achievement of our mission.

The plans, statements, budget summary, policies, etc. Set forth in the annual plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach toward our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

- Adopted local preferences for elderly persons and victims of domestic violence
- We have established flat/ceiling rents for our developments
- We are going to use the published FMR's as the payment standard for our Section 8 Program
- To purchase property to provide increase parking for our residents, clients and visitors for services we currently provide.
- Designate both projects as Elderly Only (IL06P107-1/2)
- Develop a homeownership program for Section 8 participants

In summary, we are on course to improve the condition of affordable housing in North Chicago.

## iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

### **Table of Contents**

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18. Other Information:	
<ul> <li>PHA Certification of Compliance with PHA Plans and Re</li> </ul>	elated
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<ul> <li>De concentration Policy</li> </ul>	Attachment L
Attachments	

#### **Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

### Required Attachments:

ζ.	Admissions Policy for Deconcentration	
ζ.	FY 2000 Capital Fund Program Annual Stater	nent
	Most recent board-approved operating budget	(Required Attachment for PHAs
	that are troubled or at risk of being designated	troubled ONLY)
(	Optional Attachments:	
7	X PHA Management Organizational Chart	
<b>y</b>	X FY 2000 Capital Fund Program 5 Year Action	ı Plan
	Public Housing Drug Elimination Program (P.	HDEP) Plan
Ī	Comments of Resident Advisory Board or Bo	ards (must be attached if not
_	included in PHA Plan text)	
<b>y</b>	X Other (List below, providing each attachment name)	
	Organization Chart	Attachment F
	Capital Fund	Attachment A
	Optional Five Year Plan	Attachment B
	Community Service	Attachment D
	Civil Right Certification	Attachment E
	Statement of Consistency with Consolidated Plan	Attachment G

## **Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Applicable Plan Component				
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
YES	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans				
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans				
YES	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs				
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;				
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and	Annual Plan: Eligibility, Selection, and Admissions				

List of Supporting Documents Available for Review						
Applicable &	Supporting Document	Applicable Plan Component				
On Display						
	Assignment Plan [TSAP]	Policies				
YES	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies				
YES	Public Housing Deconcentration and Income Mixing Documentation:  1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and  2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies				
YES	Public housing rent determination policies, including the methodology for setting public housing flat rents  X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				
YES	Schedule of flat rents offered at each public housing development  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				
YES	Section 8 rent determination (payment standard) policies  check here if included in Section 8  Administrative Plan	Annual Plan: Rent Determination				
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance				
YES	Public housing grievance procedures  X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures				
YES	Section 8 informal review and hearing procedures  X check here if included in Section 8  Administrative Plan	Annual Plan: Grievance Procedures				
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs				
YES	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs				
YES	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs				
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs				
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition				

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing			
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership			
N/A	Policies governing any Section 8 Homeownership program  check here if included in the Section 8  Administrative Plan	Annual Plan: Homeownership			
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency			
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency			
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency			
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention			
YES	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit			
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)			

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

## A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction							
	by Family Type						
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	876	5	5	2	5	3	3
Income >30% but <=50% of AMI	599	5	5	3	2	2	4
Income >50% but <80% of AMI	105	5	2	2	2	2	2
Elderly	152	5	2	2	2	2	2
Families with Disabilities	Non determined	Non determined	Non determined	Non determined	Non determined	Non determined	Non determined
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity		_			_		

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

X	Consolidated Plan of the Jurisdiction/s
	Indicate year: 2000-2004
X	U.S. Census data: the Comprehensive Housing Affordability Strategy
	("CHAS") dataset1990
	American Housing Survey data
	Indicate year:
	Other housing market study
	Indicate year:
	Other sources: (list and indicate year of information)

# B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Н	ousing Needs of Fami	lies on the Waiting Li	st
Public Housing	based assistance s ion 8 and Public Housi	sdictional waiting list (	optional)
	# of families	% of total families	Annual Turnover
Waiting list total	20		
Extremely low income <=30% AMI	15	75%	
Very low income (>30% but <=50% AMI)	4	20%	
Low income (>50% but <80% AMI)	1	5%	
Families with children	0	0	
Elderly families	11	55%	
Families with Disabilities	9	45%	
Race/ethnicity	White(non Hispanic)	10%	
Race/ethnicity	Black(non Hispanic)	70%	
Race/ethnicity	Hispanic	20%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	20		
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

T	Iousing Needs of Earth	lies on the Weiting T	s#
	iousing ineeds of rami	ilies on the Waiting Li	St
Is the waiting list clo	sed (select one)? X No	Yes	
If yes:			
	it been closed (# of mo	/	
		st in the PHA Plan year	
		ries of families onto the	e waiting list, even if
generally clos	ed? No Yes		
Н	Iousing Needs of Fami	ilies on the Waiting Li	st
	<b>9</b>		
Waiting list type: (sel	ect one)		
	nt-based assistance		
Public Housing			
<del>                                   </del>	tion 8 and Public Housi	_	
· —	5	sdictional waiting list (	optional)
If used, identif	fy which development/s		A 175
	# of families	% of total families	Annual Turnover
Waiting list total	486		
Extremely low	467	96%	
income <=30% AMI			
Very low income	19	3%	
(>30% but <=50%			
AMI)		00/	
Low income	0	0%	
(>50% but <80%			
AMI) Families with	0	0	
children	U	U	
Elderly families	11	2%	
Families with	102	20%	
Disabilities	102	2070	
Race/ethnicity	White(non	3%	
	Hispanic)		
Race/ethnicity	Black(non Hispanic)	90%	
Race/ethnicity	Hispanic	3%	
Race/ethnicity	American	2	
-	Indian/Alaskan		
		,	
Characteristics by			
Bedroom Size			
(Public Housing			

Only)
1BR
2 BR
3 BR
4 BR
5 BR
5+ BR
Is the waiting list closed (select one)? No X Yes If yes:
How long has it been closed (# of months)? 3  Does the PHA expect to reopen the list in the PHA Plan year? X No Yes  Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X No Yes
C. Strategy for Addressing Needs  Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list IN THE UPCOMING YEAR, and the Agency's reasons for choosing this strategy.  (1) Strategies
Need: Shortage of affordable housing for all eligible populations

X	Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
X	Participate in the Consolidated Plan development process to ensure
	coordination with broader community strategies Other (list below)
	gy 2: Increase the number of affordable housing units by:
X	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed - finance housing
X	Pursue housing resources other than public housing or Section 8 tenant-based assistance.
	Other: (list below)
Need:	Specific Family Types: Families at or below 30% of median
	gy 1: Target available assistance to families at or below 30 % of AMI lthat apply
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
	Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below)
Need:	Specific Family Types: Families at or below 50% of median
	gy 1: Target available assistance to families at or below 50% of AMI
	Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below)

**Need: Specific Family Types: The Elderly Strategy 1: Target available assistance to the elderly:** Select all that apply X Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) **Need: Specific Family Types: Families with Disabilities** Strategy 1: Target available assistance to Families with Disabilities: Select all that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing X Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with X disabilities Other: (list below) **Need: Specific Family Types: Races or ethnicities with disproportionate housing** needs Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: Select if applicable X Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below) Strategy 2: Conduct activities to affirmatively further fair housing Select all that apply

minority concentration and assist them to locate those units

Counsel section 8 tenants as to location of units outside of areas of poverty or

Market the section 8 program to owners outside of areas of poverty /minority

X

X

concentrations

	Other: (list below)
Other	r Housing Needs & Strategies: (list needs and strategies below)
(2) R	easons for Selecting Strategies
Of the	e factors listed below, select all that influenced the PHA's selection of the
strate	gies it will pursue:
37	
X	Funding constraints
<u>X</u>	Staffing constraints
	Limited availability of sites for assisted housing
	Extent to which particular housing needs are met by other organizations in the community
	Evidence of housing needs as demonstrated in the Consolidated Plan and other
	information available to the PHA
	Influence of the housing market on PHA programs
	Community priorities regarding housing assistance
	Results of consultation with local or state government
$\Box$	Results of consultation with residents and the Resident Advisory Board
同	Results of consultation with advocacy groups
Π	Other: (list below)

# 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations,

public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources:		
	l Sources and Uses	
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund		
b) Public Housing Capital Fund	193,727	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,619,745	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self- Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
First Illinois Grant	10,000	
2. Prior Year Federal Grants (unobligated funds only) (list	0	
below)	150 (00	
Operating subsidy	172,622	
3. Public Housing Dwelling Rental	316,960	To be used in
Income		conjunction with HUD subsidy to manage activities of NCHA
<b>4. Other income</b> (list below)		
4. Non-federal sources (list below)		
Total resources	\$3,313,054	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
3. PHA Policies Governing Elig [24 CFR Part 903.7 9 (c)]  A. Public Housing Exemptions: PHAs that do not administer publish.		<del>-</del>
(1) Eligibility		
<ul> <li>a. When does the PHA verify eligibility that apply)</li> <li>When families are within a cert number)</li> <li>X When families are within a cert MONTH)</li> <li>Other: (describe)</li> </ul>	ain number of being offere	ed a unit: (state
<ul> <li>b. Which non-income (screening) factor admission to public housing (select at X Criminal or Drug-related activity X Rental history X Housekeeping</li> <li>Other (describe)</li> </ul>	all that apply)?	tablish eligibility for
agencies for scr d.  Yes X No: Does the PHA reque agencies for scr e.  Yes X No: Does the PHA acce	eening purposes? ess FBI criminal records from the sess? (either directly or through the sess?)	State law enforcement om the FBI for
(2)Waiting List Organization		
<ul> <li>a. Which methods does the PHA plan t (select all that apply)</li> <li>X Community-wide list</li> <li>Sub-jurisdictional lists</li> </ul>	o use to organize its public	c housing waiting list

Site-based waiting lists Other (describe)
b. Where may interested persons apply for admission to public housing?  X PHA main administrative office PHA development site management office Other (list below)
c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment
1. How many site-based waiting lists will the PHA operate in the coming year? 0
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
<ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul>
(3) Assignment
a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)  X One Two Three or More
b. X Yes No: Is this policy consistent across all waiting list types?

waiting list/s for the PHA:
(4) Admissions Preferences
a. Income targeting:  Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
<ul> <li>b. Transfer policies:</li> <li>In what circumstances will transfers take precedence over new admissions? (list below)</li> <li>X Emergencies</li> <li>X Overhoused</li> <li>Underhoused</li> <li>X Medical justification</li> <li>X Administrative reasons determined by the PHA (e.g., to permit modernization work)</li> <li>Resident choice: (state circumstances below)</li> <li>Other: (list below)</li> </ul>
c. Preferences  1. X Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences:  X
Other preferences: (select below)  Working families and those unable to work because of age or disability Veterans and veterans' families

c. If answer to b is no, list variations for any other than the primary public housing

	Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
the spa priority through	e PHA will employ admissions preferences, please prioritize by placing a "1" in ace that represents your first priority, a "2" in the box representing your second y, and so on. If you give equal weight to one or more of these choices (either h an absolute hierarchy or through a point system), place the same number next a. That means you can use "1" more than once, "2" more than once, etc.
2 Date	e and Time
Former 1	r Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden
Other p	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
4. Rela	ationship of preferences to income targeting requirements:  The PHA applies preferences within income tiers  Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

# (5) Occupancy

	at reference materials can applicants and residents use to obtain information ut the rules of occupancy of public housing (select all that apply)  The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list) NCHA'S HOUSE RULES
	w often must residents notify the PHA of changes in family composition? ect all that apply) At an annual reexamination and lease renewal Any time family composition changes At family request for revision Other (list)
(6) De	concentration and Income Mixing
a. 🗌	Yes X No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing? NCHA HAS ELDERLY PUBLIC HOUSING UNITS ONLY.
b. 🗌	Yes X No: Did the PHA adopt any changes to its <b>admissions policies</b> based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
c. If th	e answer to b was yes, what changes were adopted? (select all that apply) Adoption of site based waiting lists If selected, list targeted developments below:
	Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below:
	Employing new admission preferences at targeted developments If selected, list targeted developments below:
	Other (list policies and developments targeted below)

d. Yes 2	No: Did the PHA adopt any changes to <b>other</b> policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
e. If the ans apply)	wer to d was yes, how would you describe these changes? (select all that
Action Adoption Action Act	itional affirmative marketing ons to improve the marketability of certain developments ption or adjustment of ceiling rents for certain developments ption of rent incentives to encourage deconcentration of poverty and me-mixing er (list below)
make specia	the results of the required analysis, in which developments will the PHA defforts to attract or retain higher-income families? (select all that apply) applicable: results of analysis did not indicate a need for such efforts (any applicable) developments below:
make specia Not	the results of the required analysis, in which developments will the PHA all efforts to assure access for lower-income families? (select all that apply) applicable: results of analysis did not indicate a need for such efforts (any applicable) developments below:
B. Section	
Unless otherw	PHAs that do not administer section 8 are not required to complete sub-component 3B. vise specified, all questions in this section apply only to the tenant-based section 8 ogram (vouchers, and until completely merged into the voucher program,
(1) Eligibili	tv
	<del></del>
X Crim	he extent of screening conducted by the PHA? (select all that apply) ninal or drug-related activity only to the extent required by law or lation
regui More belo	ninal and drug-related activity, more extensively than required by law or lation e general screening than criminal and drug-related activity (list factors w) er (list below)

b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. Yes X No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
<ul> <li>e. Indicate what kinds of information you share with prospective landlords? (select all that apply)</li> <li>Criminal or drug-related activity</li> <li>X Other (describe below)</li> <li>Names of currently and previous landlords.</li> </ul>
(2) Waiting List Organization
<ul> <li>a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)</li> <li>X None</li> <li>Federal public housing</li> <li>Federal moderate rehabilitation</li> <li>Federal project-based certificate program</li> <li>Other federal or local program (list below)</li> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)</li> <li>X PHA main administrative office</li> <li>Other (list below)</li> </ul>
(3) Search Time
a. X Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?
If yes, state circumstances below:
Section 8 applicants are given a "contact form" to list the names and phone numbers of prospective landlords that they have contacted during the initial 60 days. If they are able to show 3 or contacts per week then extension is granted.

## (4) Admissions Preferences

than once, etc.

a. Incom	ne targeting
b. Prefer	X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income? Tences  S No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
comir	n of the following admission preferences does the PHA plan to employ in the ng year? (select all that apply from either former Federal preferences or other rences)
X In O X V Sı H	Sederal preferences avoluntary Displacement (Disaster, Government Action, Action of Housing owner, Inaccessibility, Property Disposition) Sections of domestic violence Substandard housing Stomelessness Sigh rent burden (rent is > 50 percent of income)
W   V   R   T   T   H   H   T   P   V   X   O	eferences (select all that apply) Vorking families and those unable to work because of age or disability Veterans and veterans' families esidents who live and/or work in your jurisdiction hose enrolled currently in educational, training, or upward mobility programs fouseholds that contribute to meeting income goals (broad range of incomes) fouseholds that contribute to meeting income requirements (targeting) hose previously enrolled in educational, training, or upward mobility rograms Victims of reprisals or hate crimes other preference(s) (list below) ersons who are 62 years
the spa second choice	PHA will employ admissions preferences, please prioritize by placing a "1" in ace that represents your first priority, a "2" in the box representing your dipriority, and so on. If you give equal weight to one or more of these es (either through an absolute hierarchy or through a point system), place the number next to each. That means you can use "1" more than once, "2" more

# 2 Date and Time Former Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) 1 Victims of domestic violence Substandard housing Homelessness High rent burden Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) Persons who 62 years and older, handicapped or disabled. 4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one) Date and time of application X Drawing (lottery) or other random choice technique 5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one) This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Plan 6. Relationship of preferences to income targeting requirements: (select one) The PHA applies preferences within income tiers

#### (5) Special Purpose Section 8 Assistance Programs

income targeting requirements

X

Not applicable: the pool of applicant families ensures that the PHA will meet

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
- X The Section 8 Administrative Plan
- X Briefing sessions and written materials
- X Other (list below)

Through contract with agency that special purpose vouchers are used for (i.e. Family Unification Program)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
- X Through published notices
- X Other (list below)

Through contract with agency that special purpose vouchers are used for.

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

## A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

#### (1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)
- X The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

or	
	The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)
b. Mir	nimum Rent
1. Wha	at amount best reflects the PHA's minimum rent? (select one) \$0

	\$25 5-\$50
2.  Yes	X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If yes to	question 2, list these policies below:
c. Rents s	set at less than 30% than adjusted income
1. Yes	X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
-	above, list the amounts or percentages charged and the circumstances which these will be used below:
PHA p For For	of the discretionary (optional) deductions and/or exclusions policies does the lan to emply (select all that apply) the earned income of a previously unemployed household member increases in earned income ed amount (other than general rent-setting policy)  If yes, state amount/s and circumstances below:
Fix	ed percentage (other than general rent-setting policy)  If yes, state percentage/s and circumstances below:
For For For fam	household heads other family members transportation expenses the non-reimbursed medical expenses of non-disabled or non-elderly nilies her (describe below)
e. Ceiling 1	rents
(select X Yes	have ceiling rents? (rents set at a level lower than 30% of adjusted income) one) s for all developments (Ceiling/flat rents are the same. s but only for some developments
2. For wh	ich kinds of developments are ceiling rents in place? (select all that apply)

X \[ \]	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
	ect the space or spaces that best describe how you arrive at ceiling rents (select that apply)
	Market comparability study Fair market rents (FMR) 95 <sup>th</sup> percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below) 90% of FMR (1999)
f. Ren	t re-determinations:
or i	ween income reexaminations, how often must tenants report changes in income family composition to the PHA such that the changes result in an adjustment to t? (select all that apply)  Never  At family option  Any time the family experiences an income increase  Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)  Other (list below)  Only when there is a change in source of income.
	Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?  At Rents
	setting the market-based flat rents, what sources of information did the PHA use establish comparability? (select all that apply.)  The section 8 rent reasonableness study of comparable housing

∐ □ X	Survey of rents listed in local newspaper
	Survey of similar unassisted units in the neighborhood
X	Other (list/describe below)
	90% of published FMR (1999)
B. Se	ection 8 Tenant-Based Assistance
Exempt complet the ten	ions: PHAs that do not administer Section 8 tenant-based assistance are not required to te sub-component 4B. Unless otherwise specified, all questions in this section apply only to ant-based section 8 assistance program (vouchers, and until completely merged into the r program, certificates).
(1) Pa	yment Standards
	e the voucher payment standards and policies.
Describ	e the voucher payment standards and ponetes.
a. Wha standa	at is the PHA's payment standard? (select the category that best describes your rd)
X	At or above 90% but below100% of FMR 100% of FMR
	Above 100% but at or below 110% of FMR
Ħ	Above 110% of FMR (if HUD approved; describe circumstances below)
	Thouse Troys of Time (if from approved, describe encumsuances below)
	he payment standard is lower than FMR, why has the PHA selected this indard? (select all that apply)
	FMRs are adequate to ensure success among assisted families in the PHA's
	segment of the FMR area
	The PHA has chosen to serve additional families by lowering the payment
	standard  Reflecte weeket an ask weeket
H	Reflects market or submarket
	Other (list below)
	ne payment standard is higher than FMR, why has the PHA chosen this level?
(sel	ect all that apply)
	FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
	Reflects market or submarket
	To increase housing options for families
믬	- ·
	Other (list below)
	ow often are payment standards reevaluated for adequacy? (select one)
X	Annually
Ш	Other (list below)
	nat factors will the PHA consider in its assessment of the adequacy of its payment indard? (select all that apply)
X	Success rates of assisted families
	Rent burdens of assisted families

	Other (list below)			
(2) M	inimum Rent			
a. Wł 	\$0 \$1-\$25 \$26-\$50	ects the PHA's minimum r	ent? (select one)	
b. 🗌		e PHA adopted any discrete mption policies? (if yes, list	ionary minimum rent hards st below)	hip
	perations and M	anagement		
	R Part 903.7 9 (e)]	5. High performing and small D	HAs are not required to complet	a thia
		must complete parts A, B, and C		e uns
	,	1 1 / /		
	HA Management S			
		ent structure and organization.		
(selec	,			
X	An organization chart showing the PHA's management structure and organization is attached.			
	A brief description follows:	n of the management struct	ure and organization of the	PHA
	<u> </u>	er PHA Management		
up		expected turnover in each. (Use	of families served at the beginning "NA" to indicate that the PHA	
	am Name	<b>Units or Families</b>	Expected	
J		Served at Year	Turnover	

Program Name	Units or Families	Expected
	Served at Year	Turnover
	Beginning	
Public Housing	150	25
Section 8 Vouchers	418	
Section 8 Certificates	25	
Section 8 Mod Rehab	0	
Special Purpose Section	15 VOUCHERS –	
8 Certificates/Vouchers	Family Unification	
(list individually)	Program	
Public Housing Drug		
Elimination Program		
(PHDEP)		

Other Federal Programs(list individually)	

#### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
- Admission and Continued Occupancy Plan
- Blood Borne Disease Policy
- Capitalization Policy
- Check Signing Policy
- Criminal Management Policy
- Disposition Policy
- Drug Free Policy
- Equal Opportunity Policy
- Fund Transfer Policy
- Hazardous Material Policy
- Investment Policy
- Maintenance Policy (Pest Control Policy)
- Personnel Policy
- Procurement Policy
- (2) Section 8 Management: (list below)
- Section 8 Administrative Plan

## 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A.	Pu	blic	Ho	using
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1. Yes X No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

<ul> <li>Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)</li> <li>X PHA main administrative office</li> <li>PHA development management offices</li> <li>Other (list below)</li> </ul>
<ul> <li>B. Section 8 Tenant-Based Assistance</li> <li>1. Yes</li> <li>2. X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?</li> </ul>
If yes, list additions to federal requirements below:  2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)  PHA main administrative office  Other (list below)
7. Capital Improvement Needs [24 CFR Part 903.7 9 (g)] Exemptions from Component 7: Section 8 only PHAs are not required to complete this component armay skip to Component 8.
<b>A.</b> Capital Fund Activities  Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program maskip to component 7B. All other PHAs must complete 7A as instructed.
(1) Capital Fund Program Annual Statement Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template OR, at the PHA's option, by completing and attaching a properly updated HUD-52837.
Select one:  X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) B -or-

If yes, list additions to federal requirements below:

	The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)
(2) (	Optional 5-Year Action Plan
Agenc can be	ies are encouraged to include a 5-Year Action Plan covering capital work items. This statement completed by using the 5 Year Action Plan table provided in the table library at the end of the Plan template <b>OR</b> by completing and attaching a properly updated HUD-52834.
a. X	Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
b. If	yes to question a, select one:  The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name Attachment C
	The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)
Acti	HOPE VI and Public Housing Development and Replacement vities (Non-Capital Fund)  cability of sub-component 7B: All PHAs administering public housing. Identify any approved and/or public housing development or replacement activities not described in the Capital Fund
	am Annual Statement.
_ Y	Yes X No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary) b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)
	<ol> <li>Development name:</li> <li>Development (project) number:</li> <li>Status of grant: (select the statement that best describes the current status)         <ul> <li>Revitalization Plan under development</li> <li>Revitalization Plan submitted, pending approval</li> <li>Revitalization Plan approved</li> </ul> </li> </ol>

		Activities pursuant to an approved Revitalization Plan underway		
Yes X No:	in the	e PHA plan to apply for a HOPE VI Revitalization grant Plan year? list development name/s below:		
Yes X No:	activit	e PHA be engaging in any mixed-finance development ies for public housing in the Plan year? list developments or activities below:		
Yes X No:	develo Capita	PHA be conducting any other public housing opment or replacement activities not discussed in the l Fund Program Annual Statement? list developments or activities below:		
8. Demolition	and Disp	<u>oosition</u>		
[24 CFR Part 903.7 Applicability of com	· / -	tion 8 only PHAs are not required to complete this section.		
1. Yes X No	activit 1937 ( skip to	the PHA plan to conduct any demolition or disposition ies (pursuant to section 18 of the U.S. Housing Act of 42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", o component 9; if "yes", complete one activity description the development.)		
2. Activity Descr	ription			
Yes No	the <b>op</b> "yes",	e PHA provided the activities description information in <b>tional</b> Public Housing Asset Management Table? (If skip to component 9. If "No", complete the Activity ption table below.)		
	Demol	ition/Disposition Activity Description		
1a. Development		1 37/4		
1b. Development 2. Activity type:				
	isposition			
3. Application sta		ene)		
Approved				
Submitted, pending approval				
	pplication	assisted an alamad for substitution (DDAMANA)		
1 4. Date application	on approved	submitted, or planned for submission: (DD/MM/YY)		

5. Number of units affected:					
6. Coverage of action (select one)					
Part of the development					
Total developm					
7. Timeline for acti					
	projected start date of activity: end date of activity:				
D. Flojecteu	end date of activity.				
0 Designation	of Public Housing for Occupancy by Elderly Families				
	vith Disabilities or Elderly Families and Families with				
•	vitil Disabilities of Edderly Families and Families with				
<b>Disabilities</b> [24 CFR Part 903.7 9 (i	01				
	ponent 9; Section 8 only PHAs are not required to complete this section.				
1. X Yes No:	Has the PHA designated or applied for approval to designate or				
	does the PHA plan to apply to designate any public housing for				
	occupancy only by the elderly families or only by families with				
	disabilities, or by elderly families and families with disabilities				
	or will apply for designation for occupancy by only elderly				
	families or only families with disabilities, or by elderly families				
	and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming				
	fiscal year? (If "No", skip to component 10. If "yes", complete				
	one activity description for each development, unless the PHA is				
	eligible to complete a streamlined submission; PHAs				
	completing streamlined submissions may skip to component				
	10.)				
2. Activity Descrip					
X Yes No:	Has the PHA provided all required activity description				
	information for this component in the <b>optional</b> Public Housing				
	Asset Management Table? If "yes", skip to component 10. If				
	"No", complete the Activity Description table below.				
Designation of Public Housing Activity Description					
	ame: Housing Authority of the City of North Chicago				
1b. Development (project) number: IL107-1/2					
2. Designation type	•				
	by only the elderly X				
Occupancy by families with disabilities					
Occupancy by only elderly families and families with disabilities					
3. Application status (select one)					
Approved; included in the PHA's Designation Plan					

Submitted, pending approval X	
Planned application 4. Date this designation approved, submit	ted or planned for submission: (07/18/01)
5. If approved, will this designation const	•
X New Designation Plan	itute u (select one)
Revision of a previously-approved De	signation Plan?
6. Number of units affected: 150	
7. Coverage of action (select one)	
Part of the development	
X Total development	
10. Conversion of Public Housing	to Tenant-Based Assistance
[24 CFR Part 903.7 9 (j)]	
Exemptions from Component 10; Section 8 only P	
	cation Pursuant to section 202 of the HUD
FY 1996 HUD Appropriations Act	
<del></del>	HA's developments or portions of
under section 202	of the HUD FY 1996 HUD Appropriations to component 11; if "yes", complete one
activity description	for each identified development, unless
<u> </u>	e a streamlined submission. PHAs lined submissions may skip to component
11.)	mied submissions may skip to component
11.)	
2. Activity Description	
	ded all required activity description
<del>_</del>	component in the <b>optional</b> Public Housing
	Table? If "yes", skip to component 11. If
	Activity Description table below.
Conversion of Public Ho	ousing Activity Description
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assess	ment?
Assessment underway	
Assessment results submitted t	
	y HUD (if marked, proceed to next
question)	
Other (explain below)	
3. Yes No: Is a Conversion Plan	required? (If yes, go to block 4; if no, go to
block 5.)	equined: (ii yes, go to block 4, ii iio, go to

4. Status of Conversi	on Plan (select the statement that best describes the current
status)	
Conversion	on Plan in development
	on Plan submitted to HUD on: (DD/MM/YYYY)
	on Plan approved by HUD on: (DD/MM/YYYY)
Activities	pursuant to HUD-approved Conversion Plan underway
<u> </u>	w requirements of Section 202 are being satisfied by means other
than conversion (selection)	,
Units add	ressed in a pending or approved demolition application (date
□ Unita odd	submitted or approved:
Units add	ressed in a pending or approved HOPE VI demolition application (date submitted or approved:
Units add	ressed in a pending or approved HOPE VI Revitalization Plan
<del></del>	(date submitted or approved: )
☐ Requirem	ents no longer applicable: vacancy rates are less than 10 percent
Requirem	ents no longer applicable: site now has less than 300 units
Other: (de	escribe below)
B. Reserved for Cor 1937	nversions pursuant to Section 22 of the U.S. Housing Act of
2,0,	
2701	
	nversions nursuant to Section 33 of the U.S. Housing Act of
C. Reserved for Con	nversions pursuant to Section 33 of the U.S. Housing Act of
	nversions pursuant to Section 33 of the U.S. Housing Act of
C. Reserved for Con 1937	
C. Reserved for Con 1937	thip Programs Administered by the PHA
C. Reserved for Con 1937	thip Programs Administered by the PHA
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]	thip Programs Administered by the PHA
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing	hip Programs Administered by the PHA
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing	thip Programs Administered by the PHA
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	chip Programs Administered by the PHA  ment 11A: Section 8 only PHAs are not required to complete 11A.
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing	hip Programs Administered by the PHA  nent 11A: Section 8 only PHAs are not required to complete 11A.  Does the PHA administer any homeownership programs
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	hent 11A: Section 8 only PHAs are not required to complete 11A.  Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	hent 11A: Section 8 only PHAs are not required to complete 11A.  Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	hent 11A: Section 8 only PHAs are not required to complete 11A.  Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	hent 11A: Section 8 only PHAs are not required to complete 11A.  Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	hent 11A: Section 8 only PHAs are not required to complete 11A.  Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437a(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S.
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to
C. Reserved for Con 1937  11. Homeowners [24 CFR Part 903.7 9 (k)]  A. Public Housing Exemptions from Components	Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for

skip to component 11B.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

PHA status. PHAs completing streamlined submissions may

Public Housing Homeownership Activity Description
(Complete one for each development affected)
1a. Development name:
1b. Development (project) number:
2. Federal Program authority:
☐ HOPE I
$\Box$ 5(h)
☐ Turnkey III
Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)
Approved; included in the PHA's Homeownership Plan/Program
Submitted, pending approval
☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:
(DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
Part of the development
Total development
B. Section 8 Tenant Based Assistance

Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as

Yes X No:

implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Descrip	tion:
a. Size of Program  Yes No:	Will the PHA limit the number of families participating in the section 8 homeownership option?
number of pa  25 or  26 - 5  51 to	to the question above was yes, which statement best describes the articipants? (select one) fewer participants for participants 100 participants than 100 participants
i (	eligibility criteria Il the PHA's program have eligibility criteria for participation in Its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:
12. PHA Comm	unity Service and Self-sufficiency Programs
	onent 12: High performing and small PHAs are not required to complete this Only PHAs are not required to complete sub-component C.
A. PHA Coordinat	tion with the Welfare (TANF) Agency
	ements: the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?
]	If yes, what was the date that agreement was signed? <u>DD/MM/YY</u>
apply) Client referra	on efforts between the PHA and TANF agency (select all that als sharing regarding mutual clients (for rent determinations and

Coordinate the provision of specific social and sprograms to eligible families Jointly administer programs Partner to administer a HUD Welfare-to-Work volume Joint administration of other demonstration programs Other (describe)	oucher program ram	ınd
B. Services and programs offered to residents and p	oarticipants	
(1) General		
a. Self-Sufficiency Policies Which, if any of the following discretionary policients enhance the economic and social self-sufficiency following areas? (select all that apply)  Public housing rent determination policients Public housing admissions policies Section 8 admissions policies Preference in admission to section 8 for Preferences for families working or engate programs for non-housing programs open PHA Preference/eligibility for public housing participation Preference/eligibility for section 8 homes Other policies (list below)	es eertain public housing fa ging in training or educa rated or coordinated by the homeownership option	milies ation he
b. Economic and Social self-sufficiency program	ns	
Yes X No: Does the PHA coordinate, programs to enhance the econsufficiency of residents? (If table; if "no" skip to sub-consufficiency Programs. The paltered to facilitate its use.)	nomic and social self- 'yes'', complete the follo nponent 2, Family Self-	
Services and Prog	rams	
Program Name & Description Estimated Allocation	Access	Eligibility

	Serv	ices and Program	ms	
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self Sufficiency	12	Waiting list	Catholic Charities of	Section 8

			Lake County	
Public Housing	150	Waiting list	PHA Main Office	Public housing
Section 8	458	Waiting list	PHA Main Office	Section 8

# (2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation				
Program	Required Number of Participants	Actual Number of Participants		
	(start of FY 2000 Estimate)	(As of: 04/01/2000		
Public Housing				
Section 8	12	8		

b. Yes X No:	If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  If no, list steps the PHA will take below:
	Update existing Action Plan.

#### C. Welfare Benefit Reductions

1.	The PHA is complying with the statutory requirements of section 12(d) of the U.S.
	Housing Act of 1937 (relating to the treatment of income changes resulting from
	welfare program requirements) by: (select all that apply)
X	Adopting appropriate changes to the PHA's public housing rent determination
	policies and train staff to carry out those policies
	Informing residents of new policy on admission and reexamination

	Actively notifying residents of new policy at times in addition to admission and reexamination.  Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services Establishing a protocol for exchange of information with all appropriate TANF agencies  Other: (list below)
	served for Community Service Requirement pursuant to section 12(c) of S. Housing Act of 1937
[24 CFR Exempti Section	HA Safety and Crime Prevention Measures  Part 903.7 9 (m)] ons from Component 13: High performing and small PHAs not participating in PHDEP and 8 Only PHAs may skip to component 15. High Performing and small PHAs that are uting in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to subent D.
A. Ne	ed for measures to ensure the safety of public housing residents
	cribe the need for measures to ensure the safety of public housing residents ect all that apply)  High incidence of violent and/or drug-related crime in some or all of the PHA's developments  High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments  Residents fearful for their safety and/or the safety of their children  Observed lower-level crime, vandalism and/or graffiti  People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime  Other (describe below)  Resident Assessment Satisfaction Survey
	at information or data did the PHA used to determine the need for PHA actions mprove safety of residents (select all that apply).
	Safety and security survey of residents

Analysis of crime statistics over time for crimes committed "in and around" public housing authority  Analysis of cost trends over time for repair of vandalism and removal of graffiti Resident reports  PHA employee reports  Police reports  Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs  X Other (describe below)  Resident Assessment Satisfaction Survey
3. Which developments are most affected? (list below)  Both? Resident Satisfaction Survey does not specify which development was most affected.
B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year
<ol> <li>List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)         <ul> <li>Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities</li> <li>Crime Prevention Through Environmental Design</li> <li>Activities targeted to at-risk youth, adults, or seniors</li> <li>Volunteer Resident Patrol/Block Watchers Program</li> </ul> </li> <li>X Other (describe below)         <ul> <li>Place addition surveillance equipment in buildings. Work with North Chicago Police Department to provide additional visibility</li> </ul> </li> </ol>
2. Which developments are most affected? (list below)  Not sure. Resident survey did not specify.
C. Coordination between PHA and the police
1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)
Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) Police regularly testify in and otherwise support eviction cases Police regularly meet with the PHA management and residents

Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services  X Other activities (list below) North Chicago Police Department is willing to provide assistance to the NCHA.
2. Which developments are most affected? (list below)  Not sure Resident Satisfaction Survey did not specify.
D. Additional information as required by PHDEP/PHDEP Plan
PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
<ul> <li>Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?</li> <li>Yes X No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?</li> <li>Yes X No: This PHDEP Plan is an Attachment. (Attachment Filename:)</li> </ul>
14. RESERVED FOR PET POLICY
[24 CFR Part 903.7 9 (n)]  15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)]
Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. (ATTACHMENT D)
16. Fiscal Audit [24 CFR Part 903.7 9 (p)] (ATTACHMENT E)
1. X Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)

<ul> <li>2. X Yes No: Was the most recent fiscal audit submitted to HUD?</li> <li>3. X Yes No: Were there any findings as the result of that audit?</li> <li>4. X Yes No: If there were any findings, do any remain unresolved?  If yes, how many unresolved findings remain? 1.  Have responses to any unresolved findings been submitted to HUD?  If not, when are they due (state below)?</li> <li>17. PHA Asset Management</li> </ul>
[24 CFR Part 903.7 9 (q)]
Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.
1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have <b>not</b> been addressed elsewhere in this PHA Plan?
<ul> <li>2. What types of asset management activities will the PHA undertake? (select all that apply)</li> <li>Not applicable</li> <li>Private management</li> <li>Development-based accounting</li> <li>Comprehensive stock assessment</li> <li>Other: (list below)</li> </ul>
3. Yes No: Has the PHA included descriptions of asset management activities in the <b>optional</b> Public Housing Asset Management Table.
18. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board Recommendations
1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA MUST select one)  Attached at Attachment (File name)  Provided below:

3. In v	n what manner did the PHA address those comments? (select all that apply)  Considered comments, but determined that no changes to the PHA Plan were necessary.  The PHA changed portions of the PHA Plan in response to comments  List changes below:									
	Other: (list belo	w)								
B. De	scription of Elec	etion process for Residents on the PHA Board								
1.	Yes X No:	Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)								
2.	Yes No:	Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)								
3. Des	scription of Resid	lent Election Process								
a. Non	Candidates were Candidates could	dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations d be nominated by any adult recipient of PHA assistance a: Candidates registered with the PHA and requested a place on e)								
	Any head of hor Any adult recip	(select one)  f PHA assistance usehold receiving PHA assistance tent of PHA assistance ber of a resident or assisted family organization								
c. Elig	based assistance	ents of PHA assistance (public housing and section 8 tenant-								

C.	<b>Statement of Consistency v</b>	vith the	Consolidated	Plan
E.a.	anah amuliashla Canaslidatad Dlan		Callarring statem	

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

- 1. Consolidated Plan jurisdiction: (Lake County Consortium) 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply) X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the X development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) Other: (list below) 4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following
- actions and commitments: (describe below)

#### D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

#### **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

- A) CAPITAL FUND
- B) PERFORMANCE AND EVALUATION (906-98, 905-99, IL107501-00)
- C) COMMUNITY SERVICE
- D) CIVIL RIGHTS CERTIFICATION
- E) ANNUAL AUDIT
- F) ORGANIZATION CHART
- G) CONSISTENCY WITH CONSOLIDATED PLAN
- H) PHA CERTIFICATION OF COMPLIANCE WITH THE PHAS PLAN AND RELATED REGULATIONS
- I) DISCLOSURE OF LOBBY ACTIVITIES (FORM SF-LLL)
- J) CERTIFICATION OF PAYMENTS TO INFLUENCE FEDERAL TRANSACTION (HUD FORM-50071)
- K) CERTIFICATION OF A DRUG-FREE WORKPLACE (FORM HUD 50070)
- L) DECONCENTRATION POLICY
- M) BOARD RESOLUTION #2001
- N) OPTIONAL FIVE YEAR PLANS

### Follow-up Plan

The following steps will be used to increase our scoring under the Resident Survey Assessment, which is a component of the Public Housing Assessment System (PHAS). The North Chicago Housing Authority received low scores under the resident assessment program communication and security.

- 1) North Chicago Housing Authority will request Capital Funding for monies to provide increase in security equipment, and security personnel.
- 2) A suggestion box has been installed at each building.
- 3) Quarterly survey of ½ of resident population.
- 4) Part time Activities Coordinator. Funds for this position will be equested from the City of North Chicago CDBG program.

Ann	Annual Statement/Performance and Evaluation Report (ATTACHMENT A)							
	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA N	ame: HOUSING AUTHORITY OF THE CITY OF		,	Federal FY of Grant:				
NORT	H CHICAGO	Capital Fund Program: ILO	6P-107-501-01		2001			
		Capital Fund Program						
		Replacement Housing						
	ginal Annual Statement		isasters/ Emergencies Rev	rised Annual Statement (1	revision no:			
	formance and Evaluation Report for Period Ending:		and Evaluation Report					
Line	Summary by Development Account	Total Esti	imated Cost	Total .	Actual Cost			
No.		0.4.4.4	D*d	Ohlimatal	F1-1			
1	Total non-CFP Funds	Original	Revised	Obligated	Expended			
1		Ф 2 002 00						
2	1406 Operations	\$ 3,092.00						
3	1408 Management Improvements	ф 12 500 00						
4	1410 Administration	\$ 13,500.00						
5	1411 Audit	\$ 2,480.00						
6	1415 liquidated Damages	0.10.167.00						
7	1430 Fees and Costs	\$ 10,465.00						
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment—Non expendable							
12	1470 Non dwelling Structures	\$120,000.00						
13	1475 Non dwelling Equipment	\$ 44,190.00						
14	1485 Demolition							
15	1490 Replacement Reserve							
16	1492 Moving to Work Demonstration							
17	1495.1 Relocation Costs							
18	1498 Mod Used for Development							
19	1502 Contingency							
20	Amount of Annual Grant: (sum of lines 2-19)	\$193,727.00						
21	Amount of line 20 Related to LBP Activities							
22	Amount of line 20 Related to Section 504 Compliance							
23	Amount of line 20 Related to Security	\$44,190.00						

Ann	Annual Statement/Performance and Evaluation Report (ATTACHMENT A)								
Cap	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA N	Name: HOUSING AUTHORITY OF THE CITY OF	Grant Type and Number			Federal FY of Grant:				
NORT	H CHICAGO	Capital Fund Program: IL06	6P-107-501-01		2001				
		Capital Fund Program							
		Replacement Housing F	Factor Grant No:						
X Ori	ginal Annual Statement	Reserve for Di	sasters/ Emergencies 🔲 Rev	vised Annual Statement (rev	vision no:				
Per	formance and Evaluation Report for Period Ending:	Final Performance a	and Evaluation Report						
Line	Summary by Development Account	Total Esti	mated Cost	Total Ac	tual Cost				
No.	No.								
24									
	Measures								

# **Annual Statement/Performance and Evaluation Report (ATTACHMENT A)**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: HOUSING AUTHORITY OF THE CITY OF NORTH CHICAGO		Grant Type and Number Capital Fund Program #: IL06P-107-501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of C	Grant: 2001	
Development	General Description of Major Work	Development	Quantity	Total Estin	mated Cost	Total Actual Cost		Status of
Number	Categories	Account Number						Proposed
Name/HA-Wide Activities		rvamoer		Original	Revised	Funds Obligated	Funds Expended	Work
HA-WIDE	STAFF SALARIES	1410	1	\$13,500.00		N/A	N/A	Pending
HA-WIDE	ENERGY AUDIT	1411	1	\$2,480.00		N/A	N/A	Pending
HI-WIDE	ARCHITECH/ENGINEER	1430		\$10,465.00		N/A	N/A	Pending
IL107-1	INSTALL COOLING COIL	1475	1	\$35,000.00		N/A	N/A	Pending
IL107-2	UPGRADE SURVEILLANCE	1475	5	\$3,465.00		N/A	N/A	Pending
IL107-1	UPGRADE SURVEILLANCE	1475	3	\$20,725.00		N/A	N/A	Pending
IL107-2	REPLACE WATER HEATER	1475	2	\$30,000.00		N/A	N/A	Pending
IL107-2	REPLACE BOILER	1475		\$55,000.00		N/A	N/A	Pending
HA-WIDE	OPERATIONS	1406		\$ 3,092.00		N/A	N/A	Pending

Annual Statement/Performance and Evaluation Report (ATTACHMENT A)							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY OF	Grant Type and Number	Federal FV of Grant: 200					

PHA Name: HOUSING A	AUTHORITY O	F Grant	Type and Nur	nber			Federal FY of Grant: 2001	
THE CITY OF NORTH CHICAGO			al Fund Progra	m#: IL06P-107-	-501-01			
			al Fund Progra	m Replacement Hou	ising Factor #:			
Development Number	All	Fund Obligat	ed	A	ll Funds Expended	l	Reasons for Revised Target Dates	
Name/HA-Wide	(Qua	rt Ending Da	te)	(Q	uarter Ending Date	e)		
Activities								
	Original	Revised	Actual	Original	Revised	Actual		
HA-WIDE	9/30/2002			12/31/2002				
HA-WIDE	12/31/2002			3/31/2003				
HA-WIDE	6/30/2002			9/30/2002				
IL107-1	3/3/2002			12/31/2003				
IL107-1	6/30/2002			9/30/2002				
IL107-2	6/30/2002			9/30/2002				
IL107-2	3/31/2003			12/31/2003				
IL107-2	12/31/2002			12/31/2003				
HA-WIDE	6/30/2002			9/30/2002				

Ann	usal Statement/Dayformanas and Evalu	ation Donout (ATTAC)	UMENT D)		
	ual Statement/Performance and Evaluated Fund December 1	- `		D/CEDDIIE) Dow	1. C
PHA NORT	ital Fund Program and Capital Fund P Name: HOUSING AUTHORITY OF THE CITY OF TH CHICAGO nal Annual Statement	Grant Type and Number Capital Fund Program: ILOP10 Capital Fund Program Replacement Housing Factor	Federal FY of Grant: 1998		
	nan Annual Statement ormance and Evaluation Report for Period Ending: 03/		s/ Emergencies Revised A	Annuai Statement (revisi	on no: )
Line	Summary by Development Account	Total Estimate	*	Total Act	ual Cost
No.	The state of the s				
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations(may not exceed 10% of line 16)	\$4,330.00	\$5,018.40	\$5,018.40	\$5,018.40
3	1408 Management Improvements				
4	1410 Administration	\$16,500.00	\$16,500.00	\$16,500.00	\$16,500.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$29,000.00	\$28,314.60	\$28,314.60	\$28,314.60
8	1440 Site Acquisition				
9	1450 Site Improvement	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
10	1460 Dwelling Structures	\$422,670.00	\$422,667.00	\$422,667.00	\$422,667.00
11	1465.1 Dwelling Equipment—Non expendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$475,000.00	\$475,000.00	\$475,000.00	\$475,000.00
21	Amount of line 20 Related to LBP Activities		·	·	·
22	Amount of line 20 Related to Section 504 Compliance				

Ann	Annual Statement/Performance and Evaluation Report (ATTACHMENT B)										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary											
PHA N	PHA Name: HOUSING AUTHORITY OF THE CITY OF Grant Type and Number Federal FY of Grant:										
NORT	H CHICAGO	Capital Fund Program: ILOI		1998							
		Capital Fund Program									
	Replacement Housing Factor Grant No:										
Origin	al Annual Statement	Reserve for Disa	sters/ Emergencies Revis	ed Annual Statement (revis	ion no: )						
Perfo	rmance and Evaluation Report for Period Ending: 03/3	31/01 x Final Performanc	e and Evaluation Report								
Line	Summary by Development Account	Total Estin	mated Cost	Total Actual Cost							
No.											
23	Amount of line 20 Related to Security										
24	Amount of line 20 Related to Energy Conservation										
	Measures										

# **Annual Statement/Performance and Evaluation Report (ATTACHMENT B)**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: HOU	SING AUTHORITY OF THE	Grant Type and Nu	mber	Federal FY of Grant:				
CITY OF NORT	TH CHICAGO	Capital Fund Progra		-906-98			1998	
		Capital Fund Progra						
		•	Housing Factor #		. 10	T . 1 .		<u> </u>
Development	General Description of Major Work	Development.	Quantity	Total Estir	nated Cost	Total Ac	tual Cost	Status of
Number	Categories	Account Number						Proposed
Name/HA-Wide				Original Revised		Funds	Funds	Work
Activities						Obligated	Expended	
IL107-2	ELEVATOR UPGRADES	1460		\$138,856.00	\$138,856.00	\$138,856.00	\$138,856.00	
107-1	REPLACE ROOF	1460		\$121,368.00	\$121,368.00	\$121,368.00	\$121,368.00	
107-2	REPLACE ROOF	1460		\$64,900.00	\$64,900.00	\$64,900.00	\$64,900.00	
PHA-WIDE	A & E FEES	1430		\$29,000.00	\$29,000.00	\$29,000.00	\$28,314.60	
107-2	TUCKPOINT. CAULK	1460		\$57,750.00	\$57,750.00	\$57,750.00	\$57,750.00	
107-1	REPLACE ROOF MOUNTED EXHASUTS FANS	1460		\$11,027.00	\$11,027.00	\$11,027.00	\$11,027.00	
107-2	REPLACE ROOF MOUNTED EXHASUST FANS	1460		\$12,766.00	\$12,766.00	\$12,766.00	\$12,766.00	
107-2	REPAIR/REPLACE CONCRETE FLATWORK	1450		.00	.00	\$2,500.00	\$2,500.00	
107-2	AUTOMATIC ENTRANCE DOOR OPENER	1460		.00	.00	\$4,000.00	\$3528.00	
107-2	REPLACE EMERGENCY LIGHTS	1460		.00.	.00	\$12,000.00	\$11,975.00	
107-2	ADMINISTRATION	1410		.00	.00	\$16,500.00	\$16,500.00	
107-1	REPLACE FIRE PUMP	1406		\$4,330.00	\$4330.00	\$4,330.00	\$4,031.00	
PHA WIDE	OPERATIIONS	1406		.00	\$1484.40	\$1484.40	\$1484.40	

Annual Statement/Performance and Evaluation Report (ATTACHMENT B) Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages											
PHA Name: HOUSING AUTHORITY OF THE CITY OF NORTH CHICAGO  Grant Type and Number Capital Fund Program #: ILOP107-906-98 Capital Fund Program Replacement Housing Factor #:											
Development Number	General Description of Major Work Categories	Development. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed			
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work			

Annual Statement	Annual Statement/Performance and Evaluation Report (ATTACHMENT B)											
Capital Fund Pro					- `		,	· (CFP/CFPRHF)				
Part III: Implem					•		C					
PHA Name: Housing Auth	ority of the Cit	y of	Grant	Type and Nur	nber		Federal FY of Grant:					
North Chicago			Capita	al Fund Progra	m#: ILOP-107-9	906-98		1998				
					m Replacement Ho							
Development Number	All	Fund (	Obligate	ed	A	Il Funds Expended		Reasons for Revised Target Dates				
Name/HA-Wide	(Qu	ıart End	ling Da	te)	(Q	uarter Ending Date	e)					
Activities												
	Original	Rev	rised	Actual	Original	Revised	Actual					
107-1	03/31/00				03/31/01							
107-2	03/31/00				03/31/01							
PHA	03/31/00				03/31/01							

Ann	ual Statement/Performance and Evalu	uation Report (ATTACI	HMENT B)						
	ital Fund Program and Capital Fund Jame: Housing Authority of the City of North Chicago	Program Replacement 1 Grant Type and Number	Housing Factor (CF	'P/CFPRHF) Par	t 1: Summary  Federal FY of Grant:				
гпаг	rame: Housing Authority of the City of North Cincago		Capital Fund Program: IL06P107-905-99						
		Capital Fund Program: 1LOOF 10							
		Replacement Housing Facto	r Grant No:						
Ori	ginal Annual Statement		ters/ Emergencies Revise	d Annual Statement (rev	vision no:				
	ormance and Evaluation Report for Period Ending 03.			<b>u</b> 12u. ≈ 0	)				
Line	Summary by Development Account	Total Estimate		Total Ac	tual Cost				
No.									
		Original	Revised	Obligated	Expended				
1	Total non-CFP Funds								
2	1406 Operations(may not exceed 10% of line 16)	\$188706.00	\$147,056.00	\$68,716.00	\$68,716.00				
3	1408 Management Improvements								
4	1410 Administration								
5	1411 Audit								
6	1415 liquidated Damages								
7	1430 Fees and Costs		\$11,050.00						
8	1440 Site Acquisition								
9	1450 Site Improvement								
10	1460 Dwelling Structures								
11	1465.1 Dwelling Equipment—Non expendable	\$9,850.00	\$39,850.00	\$9,850.00	\$9,850.00				
12	1470 Non dwelling Structures	\$2,710.00	\$2710.00	\$2,710.00	\$2,710.00				
13	1475 Non dwelling Equipment								
14	1485 Demolition								
15	1490 Replacement Reserve								
16	1492 Moving to Work Demonstration								
17	1495.1 Relocation Costs				·				
18	1498 Mod Used for Development								
19	1502 Contingency								
20	Amount of Annual Grant: (sum of lines 2-19)	\$200,666.00	\$200,666.00	\$81,276.00	\$81,276.00				
21	Amount of line 20 Related to LBP Activities								

Ann	Annual Statement/Performance and Evaluation Report (ATTACHMENT B)										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary											
PHA N	Tame: Housing Authority of the City of North Chicago	Grant Type and Number Capital Fund Program: IL06 Capital Fund Program Replacement Housing F		Federal FY of Grant: 1999							
Ori	☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: )										
xPerfo	ormance and Evaluation Report for Period Ending03/3	1/01 Final Performanc	e and Evaluation Report								
Line	Summary by Development Account	Total Estir	mated Cost	Total Actual Cost							
No.											
22	Amount of line 20 Related to Section 504 Compliance										
23	Amount of line 20 Related to Security										
24	Amount of line 20 Related to Energy Conservation Measures										

# Annual Statement/Performance and Evaluation Report (ATTACHMENT B) Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Housin	ng Authority of the City of North	Grant Type and Nu	mber			Federal FY of C	Federal FY of Grant:			
Chicago		Capital Fund Progr	am #: IL06P <b>-</b> 90	)5-99		1999				
		Capital Fund Progr								
		Replacement I	Housing Factor #							
Development	General Description of Major Work	Development.	Quantity	Total Estin	nated Cost	Total Ac	Status of			
Number	Categories	Account						Proposed		
		Number.								
Name/HA-Wide				Original	Revised	Funds	Funds	Work		
Activities						Obligated	Expended			
PHA WIDE	OPERATIONS	1406		\$188,106.00	\$147,056.00	\$68,716.00	\$68,716.00			
PHA WIDE	MANAGEMENT IMPROVEMENT	1408			.00					
107-2	REPLACE KITCHEN FLOORING	1465.1			.00					
107-2	INSTALL COOLING COIL FOR	1465.1			.00					
107-2	HALLWAY MAKE UP AIR	1403.1			.00					
107-2	REPLACE CARPET: 2 <sup>ND</sup> ,3 <sup>RD</sup> .& 4 <sup>TH</sup>	1465.1		\$9,850.00	\$39,850.00	\$9,850.00	\$9,850.00			
	FLOOR HALLWAYS				·	ŕ	ŕ			
107-2	PAINT 2 <sup>ND</sup> , 3 <sup>RD</sup> , AND 4 <sup>TH</sup> FLOOR	1465.1		\$2,710.00	\$2710.00	\$2,710.00	\$2,710.00			
107-2	INSTALL EMERGENCY	1475			.00					
	GENERATOR									
PHA	ARCHITECT	1430			\$11,050.00					

<b>Annual Statement</b>	Annual Statement/Performance and Evaluation Report (ATTACHMENT B)												
Capital Fund Pro	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)												
Part III: Implementation Schedule													
PHA Name: Housing Authority of the City of Grant Type and Number Federal FY of Grant:													
North Chicago			Capital	Fund Progra	m#: IL06P-107-	905-99		1999					
Capital Fund Program Replacement Housing Factor #:													
Development Number	All	Fund C	Obligated	d	All Funds Expended			Reasons for Revised Target Dates					
Name/HA-Wide	(Qu	art End	ing Date	e)	(Quarter Ending Date)								
Activities													
	Original	Revi	ised	Actual	Original	Revised	Actual						
PHA WIDE	12/31/00	09/30	0/01		12/31/01								
IL107-2	12/31/00	09/30	0/01		12/31/01								
				•									

PHA Name: Housing Aufl	nority of the City	of Grant	Type and Num	ber			Federal FY of Grant:
North Chicago	10110) 01 0110 010)			n#: IL06P-107-	905-99		1999
		Capita	al Fund Progran	n Replacement Hou	sing Factor #:		
Development Number Name/HA-Wide Activities		Fund Obligate art Ending Da			l Funds Expended narter Ending Date	)	Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

<b>Annual Statement</b>	Annual Statement/Performance and Evaluation Report (ATTACHMENT B)											
Capital Fund Prog	gram and (	Capital F	Fund Prog	ram Replac	ement Hous	ing Factor	(CFP/CFPRHF)					
Part III: Implementation Schedule												
PHA Name: Housing Authority of the City of Grant Type and Number Federal FY of Grant:												
North Chicago		Capi	tal Fund Prograi	n#: IL06P-107-	-905-99		1999					
Capital Fund Program Replacement Housing Factor #:												
Development Number		Fund Obliga			ll Funds Expended		Reasons for Revised Target Dates					
Name/HA-Wide	ate)	(Quarter Ending Date)										
Activities	1		T			1						
	Original	Revised	Actual	Original	Revised	Actual						

Ann	ual Statement/Performance and Evalu	ation Renort (ATTAC	MENT R)		
	ital Fund Program and Capital Fund F	• `	,	D/CEDDHE) Da	rt 1. Summary
	ame: NORTH CHICAGO HOUSING AUTHORITY	Grant Type and Number	Trousing Pactor (Cr	1/CFI KIII-) I a	Federal FY of Grant:
IIIA	anic. North enreado noosha actioni i	Capital Fund Program: IL06P-	2000		
		Capital Fund Program	107 301 00		
		Replacement Housing Factor	or Grant No:		
Ori	ginal Annual Statement	Reserve for Disas	sters/ Emergencies Revise	d Annual Statement (r	evision no: 1)
xPerfo	ormance and Evaluation Report for Period Ending03/3	1/01 Final Performance a	nd Evaluation Report		· · · · · · · · · · · · · · · · · · ·
Line	Summary by Development Account	Total Estimat	ted Cost	Total A	ctual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations(may not exceed 10% of line 16)				
3	1408 Management Improvements		\$23,205.00		
4	1410 Administration	\$13,500.00	\$13,500.00		
5	1411 Audit	\$2,480.00	(2,480.00)		
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$7,800.00	\$7,800.00		
8	1440 Site Acquisition	\$5,000.00	\$5.000.00		
9	1450 Site Improvement	\$10,600.00	\$10,600.00		
10	1460 Dwelling Structures	\$94,530.00	\$94,530.00		
11	1465.1 Dwelling Equipment—Non expendable				
12	1470 Non dwelling Structures	\$36,000.00	\$36,000.00		
13	1475 Non dwelling Equipment	\$20,725.00	(\$20,725.00)		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$190,635.00	\$190,635.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Ann	Annual Statement/Performance and Evaluation Report (ATTACMENT B)										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary											
PHA N	PHA Name: NORTH CHICAGO HOUSING AUTHORITY Grant Type and Number Federal FY of Grant:										
		Capital Fund Program: IL06	P-107-501-00		2000						
		Capital Fund Program									
	Replacement Housing Factor Grant No:										
Ori	ginal Annual Statement	Reserve for Di	sasters/ Emergencies Revis	sed Annual Statement (re	vision no: 1)						
xPerfo	ormance and Evaluation Report for Period Ending03/3	1/01 Final Performanc	e and Evaluation Report								
Line	Summary by Development Account	Total Estin	nated Cost	Total Ac	tual Cost						
No.											
23	Amount of line 20 Related to Security	Related to Security \$20,725.00 (\$20,725.00)									
24	Amount of line 20 Related to Energy Conservation										
	Measures										

# **Annual Statement/Performance and Evaluation Report(ATTACHMENT B)**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: North Chicago Housing Authority		Grant Type and Number  Capital Fund Program #: IL06P-107-501-00  Capital Fund Program  Replacement Housing Factor #:				Federal FY of Grant: 2000			
Development Number	General Description of Major Work Categories	Development. Account Number	Quantity	Total Estimated Cost  Original Revised		Total Actual Cost		Status of Proposed	
Name/HA-Wide Activities		Number				Funds Obligated	Funds Expended	Work	
PHA	ADMINISTRATION	1410		\$13,500.00	\$13,500.00				
PHA	ARCHITECT/ENGINEER	1430		\$7,800.00	\$7,800.00				
107-2	LAND PURCHASE	1440		\$5,000.00	\$5,000.00				
107-2	DEVELOPMENT OF PARKING LOT FOR KUKLA TOWER	1460		\$10,600.00	\$10,600.00				
107-1	RENOVATE KITCHEN.BATHROOMS	1460		\$94,530.00	\$94,530.00				
107-1	EMERGENCY GENERATOR	1470		\$36,000.00	\$36,000.00				
107-2	UPDATE SUREILLANCE	1470		\$20,725.00	(20,750.00)				
PHA WIDE	ENERGY AUDIT	1411		\$2,480.00	(2,480.00)				
PHA WIDE	MANAGEMENT IMPROVEMENTS	1408		.00	\$23,205.00				

# Annual Statement/Performance and Evaluation Report (ATTACHMENT B) Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name North Chicago Housing Authority			Grant Type and Number			Federal FY of Grant:			
			Capital Fund Program #: IL06P-107-501-00				2000		
				m Replacement Ho					
Development Number	und Obligat	Obligated All Funds Expended			Reasons for Revised Target Dates				
Name/HA-Wide	(Quar	t Ending Da	ite)	(Q	(Quarter Ending Date)				
Activities									
	Original	Revised	Actual	Original	Revised	Actual			
PHA WIDE	09/30/01			12/31/01					
PHA WIDE	06/30/02			09/30/02					
PHA WIDE	12/31/01			03/31/04					
IL 107-1	06/30/02			09/30/02					
IL-107-1	03/31/03			09/30/03					
IL-107-1	06/30/02			09/30/02					
IL-107-2	12/31/01			03/31/02					

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables							
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development				
HA-WIDE	PHA WIDE	2	1%				

Description of Needed Physical Improvements or Management	Estimated	Planned Start Date
Improvements	Cost	(HA Fiscal Year)
ADMINISTRATIVE SALARY	73,505	2001
ARCHITECT AND ENGINEER (PHASE I)	12,335	2002
REPLACE ENTRANCE DOORS	75,000	2002
PURCHASE VEHICLES	23,887	2003
UPGRADE COMPUTER	15,000	2003
LAND ACQUISITION (PHASE II)	30,000	2003
PHASE II PLAN FOR NEW OFFICE	71,000	2003
REPLACE STOVES	10,000	2002
REPLACE REFRIGERATES	18,092	2002
PAINT OCCPIED APARTMENTS	36,135	2003
PHASE III CONSTRUCTION OF NEW OFFICE	171,635	2004
SECURITY PERSONNEL	23,400	2005
OFFICE PROCEDURE MANUAL	3,092	2004
INSTALL SECURITY CAMERAS	68,000	2005
Total estimated cost over next 5 years	\$627,989	

ATTACHMENT N

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development		
IL107-2	THOMPSON MANOR	1	4%		
Description of Need Improvements  RESURFACE PAR INSTALL GFCI INSTALL CANOP INSTALL ATRIUM	Y	Management		Estimated Cost 20,000 7,000 7,000 28,626	Planned Start Date (HA Fiscal Year) 2003 2005 2005 2005
<b>Total estimated cos</b>	t over next 5 years		\$62,626		

ATTACHMENT N

**Optional 5-Year Action Plan Tables** 

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Development Number	Development Name (or indicate PHA wide)  KUKLA TOWERS	Number Vacant Units	% Vacancies in Development		
Improvements REPAIR PLUMB	CONTROL VALVE OUTLETS	Management		Estimated Cost 30,000 5,000 20,000 25,000	Planned Start Date (HA Fiscal Year) 2002 2002 2005 2005
Total estimated co	ost over next 5 years			\$80,000	

ATTACHMENT N

# **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

	Public Housing Asset Management									
	opment fication	Activity Description								
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III Component 7a	Development Activities Component 7b	Demolition / Disposition Component 8	Designated housing Component 9	Conversion  Component 10	Home- ownership Component 11a	Other (describe) Component 17		

#### **COMMUNITY SERVICE**

The North Chicago Housing Authority meets the exemption requirement for this. We are designating our units as "elderly only". The NCHA's Admission and Continued Occupancy Policy informs residents of this requirement. Should any resident not meet this exemption they will be informed of the Community Service requirement and which agencies in North Chicago are in need of volunteers.

ATTACHMENT C